ORDER FORM

Name:	
Email:	Phone#:
Address:	

Description	Quantity	Unit price	Total Price

Notes:

DELIVERY		PAYMENT (circle one)		AMOUNT	
Local Drop off	Y/N	Cash	Y/N	Subtotal:	
Local Pick up	Y/N	Card	Y/N	Taxes:	
Shipping	Y/N	Check	Y/N	Shipping:	
Ship #:		PayPal	Y/N	Tips:	
Ship Date:		Other	Y/N	Total:	